04-25-01



PTO/SB/05 (2/98)

Approved for use through 09/30/2000. OMB 0651-0032 Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

UTILITY PATENT APPLICATION **TRANSMITTAL**

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PC10834ATMC Attorney Docket No. John R. Hadcock First Named Inventor or Application Identifier Methods of Treating Obesity Using a Neurotensin Receptor Ligand Title EL710829388US Express Mail Label No.

APPLICATION ELEMENTS see MPEP chapter 600 concerning utility patent application contents.	ASSISTANT Commissioner for Patents ADDRESS TO: Box Patent Application Washington, DC 20231						
*Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)		Microfiche Com	puter Prograr		S. P.T.		
Specification [Total Pages 63] (preferred arrangement set forth below) - Descriptive title of the Invention - Cross References to Related Applications		licable, all nece	ssary) ter Readable		11002 U. 09/841		
 Statement Regarding Fed sponsored R&D Reference in Microfiche Appendix 	C.	Stateme	ent verifying i	dentity of above cop			
Background of the Invention Brief Summary of the Invention	ACCOMPANYING APPLICATION PARTS						
Brief Description of the Drawings (if filed) Detailed Description Claim(s)	9.						
- Abstract of the Disclosure		•		nt (<i>if applicable</i>)			
3. Drawing(s) (35 U.S.C. 11.3)[Total sheets		Information Dis Statement (IDS		Copies of Citations	IDS		
Oath or Declaration [Total pages 2]	12.	Preliminary Amendment					
a. Newly executed (original or copy)	13.						
b. Copy from a prior application (37 CFR §1.63(d)) (for continuation/divisional with Box 17 completed) [Note Box 5 below]	(Should be specifically itemized) 14. *Small Entity Statement filed in prior application Statement(s) Status still proper and desired (PTO/SB/09-12)						
i. <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§1.63(d)(2) and 1.33(b).	15.	Certified Copy (if foreign prior					
. Incorporation By Reference (useable if Box 4b is checked)	14.	Other: Pri	ority Claim				
The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered to be part of the disclosure of the accompanying application and is hereby incorporated by reference therein.		pro	s application visional appli d April 27, 20	claims priority of U.S cation number 60/19 01.	S. 99,951, 		
	*NOTE FOR ITEMS 1 & 14: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).						
17. If a CONTINUING APPLICATION, check appropriate box, and su	pply the requisi	te information bel	ow and in a pre	liminary amendment:			
Continuation Divisional Continuation	-in-part (CIP)	of pric	or application	No:/			
Prior application information: Examiner	application information: Examiner Group/Art Unit:						
		ADDRESS					
Customer Number or Bar Code Label (Insert Customer No. or Atta	ch bar code lai	bel here) or	Correspo	ondence address below	v		
Name Gregg C. Benson							
Address Pfizer Inc.							
Address Patent Department, MS 4159, Eastern Point Road	107		Zin Codo	06340			
City Groton State Country United States Of America Telephone	1-(860)-4	141-4901	Zip Code Fax	06340 1-(860)-441-5221			
Country United States Of America Telephone							

Signature

PTO/SB/17(2/98)
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		Complete if Known						
FEE TRANSMITTAL	A	Application Number				To be assigned		
			Filing Date			Concurrently Herewith		
			First Named Inventor			John R. Hadcock		
These are the fees effective October 1,. 2000. Small Entity payments <u>must</u> be supported by a small entity stater.	,	Examiner Name				To be assigned		
otherwise large entity fees must be paid. See Forms PTO/SB/09)-12.					To be engigered		
See 37 C.F.R. §§ 1.27 and 1.28.		Group/Art Unit				To be assigned PC10834ATMC		
Total Amount of Payment (\$)870.00		Attorney Docket No.						
METHOD OF PAYMENT (check one)		1001710	NAL E		FEE CAL	LCULATION (continued)		
1. The commissioner is hereby authorized to charge		3. ADDITIONAL Large Entity		Small Entity			İ	
indicated fees and credit any over payments to: Deposit			ee	Fee	Fee			
Account 16-1445 Number] '	Code	(\$)	Code	(\$)	Fee Description F	ee Paid	
Deposit	,	105	130	205	65	Surcharge – late fee or oath		
Account Pfizer Inc		105	130	200	00	Caronargo Late 100 C. Camp		
Name	- I					O allowed by a serial and filling for or		
Charge Any Additional	n	127	50	227	25	Surcharge-late provisional filing fee or cover sheet		
37 Fee Required Under 37 C.F.R. § 1.1.8 at the Ma	iling	139	130	139	130	Non-English specification		
C.F.R. §§ 1.1.6 and 1.17. of the Notice of Allowance.		147	2,520	147	2,520	For filing a request for reexamination		
COLUMN TO THE PARTY OF THE PART		112	920*	112	920*	Requesting publication of SIR prior to		
2. ☐ Payment Enclosed: ☐ ☐ Check ☐ Money Order ☐ Other			,840*	113	1,840*	Examiner action Requesting publication of SIR after Examiner action		
22		115	110	215	55	Extension for reply within first month		
FEE CALCULATION		116	390	216	195	Extension for reply within second	 	
Ť. BASIC FILING FEE		1.0				month		
Large Entity Small Entity		117	890	217	445	Extension for reply within third month		
Fee Fee Fee Fee Pee Pee Pee Pee Pee Pee	iid	118	1,390	218	695	Extension for reply within fourth month		
101 710 201 355 Utility filing fee 710.00	0	128	1,890	228	945	Extension for reply within fifth month		
106 320 206 160 Design filing fee]	119	310	219	155	Notice of Appeal		
107 490 207 245 Plant filing fee]	120	310	220	155	Filing a brief in support of an appeal		
108 710 208 355 Reissue filing fee]	121	270	221	135	Request for oral hearing		
114 150 214 75 Provisional filing fee		138	1,510	138	1,510	Petition to institute a public use proceeding		
SUBTOTAL (1) (\$) 710.0	0	140	110	240	55	Petition to revive - unavoidable		
2. EXTRA CLAIM FEES		141	1,240	241	620	Petition to revive - unintentional		
Extra Fee from	Paid	142	1,240	242	620	Utility issue fee (or reissue)		
Total Claims 16 -20**= 0 X 18.00 =	0.00	143	440	243	220	Design issue fee		
Independent 5 - 3**= 2 X 80.00 = 1	60.00	144	600	244	300	Plant issue fee		
Claims Multiple Dependent 270.00 =	0.00	122	130	122	130	Petitions to the Commissioner		
** or number previously paid, if greater; For Reissues, see below		123	50	123	50	Petitions related to provisional applications		
Large Entity Small Entity Fee Fee Fee Fee Description		126	240	126	240	Submission of Information Disclosure		
Code (\$) Code (\$) 103 18 203 9 Claims in excess of 20	1	581	40	581	40	Statement Recording each patent assignment per		
102 80 202 40 Independent claims in excess of	3	146	710	246	355	property (times number of properties) Filing a submission after final rejection		
104 270 204 135 Multiple dependent claim, if not p	paid	149	710	249	355	(37 CFR 1.129(a)) For each additional invention to be		
109 80 209 40 **Reissue independent claims ov	ver	Other Fee	(specif	y)		examined (37 CFR 1.129(b))		
original patent 110 18 210 9 **Reissue claims in excess of 20		Other Fee (specify)						
over original patent SUBTOTAL (2) (\$) 160.00		*Reduced	by Bas	ic Filing F	ee Paid	SUBTOTAL (3) (\$)	0.00	
(4) 100.00								
SUBMITTED BY Type or Printed Name Todd M. Crissey						Reg. Number 37,807		
Signature July M. C-	T	Date	41	24/2	100 1	Deposit Account 16-1445		
- Lende da.			17/	-71C		User ID		